

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90004 013 ***150.00

DOCUMENT #

P02000031837

1. Entity Name

BERNARDA MORALES FASHIONS, INC.



DO NOT WRITE IN THIS SPACE

54056588

2. Principal Place of Business

8308 NW 7th STREET

Suite, Apt. #, etc.

APT. 43

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-3031832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZAPATA, EDDY

Street Address (P.O. Box Number is Not Acceptable)

8308 NW 7th STREET APT. 43

City

MIAMI

FL

Zip Code

33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and when applicable

(NOTE: Registered Agent signature required when amending)

DATE

5-25-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MORALES, BERNARDA
8308 NW 7th STREET APT. 43
MIAMI, FL. 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ZAPATA EDDY
8308 NW 7th STREET APT. 43
MIAMI, FL. 33126

TITLE
NAME
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CITY-ST-ZIP
MIAMI, FL. 33126

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-25-04

CR2E034B (12/02)